

**MONTHLY OPERATING REPORT FOR  
NON-OPERATING CORPORATION OR PARTNERSHIP DEBTOR  
(Including LLCs and LLPs)**

Case No. 04-34668-tmb11Debtor Symphony Healthcare II, Inc.Report Month/Year November 2004

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**Instructions:** Answer *all* questions and attach additional sheets if necessary to provide complete responses.

- |       |   | Yes                                 | No                                  |
|-------|---|-------------------------------------|-------------------------------------|
| 1.    | The debtor did <i>not</i> operate a business during the reporting month, and all of its financial activity for the reporting month is fully disclosed in this report.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 2.    | Did the debtor, or a third party on behalf of the debtor, sell, transfer, or otherwise dispose of any of the debtor's assets during this reporting month? <i>If yes, attach a schedule identifying each asset, date of sale notice, method of disposition, and gross and net sale proceeds received. If real property was sold, attach a copy of the closing statement.</i> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3.    | Is the debtor holding any funds in an account at a financial institution? <i>If yes, attach a copy of the bank statement for this reporting month for each account.</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4.    | Are any of the debtor's funds, or funds in which the debtor has an interest, held by debtor's counsel, an escrow company, or another third party on behalf of the debtor? <i>If yes, attach a schedule identifying the party or entity holding the funds, the amount of funds held, and the purpose for which the funds are held.</i>                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5(a). | Did the debtor collect any accounts receivable during this reporting month? <i>If yes, proceed to 5(b). If no, proceed to 5(c).</i>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |



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		Yes	No
5(b).	What was the debtor's accounts receivable balance? Prior Month	\$ -	
	Report Month	\$ -	
5(c).	What portion of the debtor's accounts receivable balance is considered uncollectible?	\$ -	
6.	Excluding receipts disclosed in 2 and 5 above, did the debtor or another party on behalf of the debtor receive other funds during this reporting month? (e.g. dividends, royalties and other amounts due to the debtor) If yes, attach a schedule listing each receipt by payor, date received, dollar amount, and nature of the transaction.		X
7(a).	Did the debtor or another party on behalf of the debtor make payments during this reporting month to a professional such as an attorney, accountant, realtor, appraiser, auctioneer, business consultant, or other professional person? If yes, attach a schedule listing each payment to a professional, and include the payee, type of work performed, payment date, dollar amount, and date of court approval.		X
7(b).	Did the debtor or another party on behalf of the debtor make any payments during this reporting month to, or for the benefit of, an officer, director, partner, member, shareholder or other insider of the debtor? If yes, attach a schedule listing each payment and identify the payee, date, dollar amount, and nature of payment (e.g., expense reimbursement, loan repayment, draw, salary, wages, bonus, dividend, stock distribution, or other explanation).		X
7(c).	Excluding payments listed in 7(a) and 7(b) above, did the debtor or another party on behalf of the debtor make any other payments during this reporting month? If yes, attach a schedule identifying the source of funds, payee, date, dollar amount, and purpose.	X	
	Paid by Woodland Park Hospital to US Trustee, 11/1/04, \$250, third quarter 2004 UST Fees.		
7(d).	Total payments (disbursements) during the reporting month as reported in 7(a), 7(b) and 7(c) above:	\$ 250.00	

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8. Did the debtor incur any tax debt during the reporting month? *If yes, attach a schedule listing the taxing agency to whom the debt was incurred, amount due, tax period, and payment due date. Include an explanation for any delinquent post-petition taxes.* Yes ☐ No ☒

9. Did the debtor incur any debt during the reporting month for *post-petition* professional fees? *If yes, estimate the amount of professional fees accrued but not paid.* Yes ☐ No ☒

10. Excluding taxes and professional fees reported in 8 and 9 above, did the debtor incur *other* debt during the reporting month? *If yes, attach a schedule listing the person or entity to whom the debt is owed, amount due, nature of debt, and payment due date.* Yes ☐ No ☒

11. Were there any changes in the debtor's insurance coverage during the reporting month? *If yes, explain.* Yes ☐ No ☒

12. At the end of this reporting month, did the debtor have any delinquent statutory fees owing to the U.S. Trustee pursuant to 28 U.S.C. § 1930(a)(6)? *If yes, list each quarter that is delinquent and the amount due with an explanation.* Yes ☐ No ☒

Quarter	Amount	Explanation

13. Explain what progress the debtor made during this reporting month toward confirmation of a plan of reorganization. Include a description of significant events or new developments in the case.

Ch. 11 Liquidation

UST-20

Case No. 04-34668-tmb11Debtor Symphony Healthcare II, Inc.

Report Month/Year

November 2004**DEBTOR CERTIFICATION:**

The debtor agrees to immediately notify the United States Trustee if its operations resume, and thereafter to file complete monthly operating reports in compliance with Local Bankruptcy Rule 2015-2(a) and the United States Trustee's requirements.

I certify under penalty of perjury that (1) I have personally prepared this financial report or directly supervised its preparation, and (2) the information contained in this monthly financial report is complete, true, and accurate to the best of my knowledge, information, and belief.

BY: [Signature]DATE: 12-16-2004TITLE: CEO

The debtor, or trustee, if appointed, must sign the monthly financial report. Only an officer or director has authority to sign a financial report for a corporate debtor and only a general partner has authority to sign a financial report for a partnership debtor. Debtor's counsel may not sign a financial report for the debtor.

UST-20

Case No. 04-34668-tmb11Debtor Symphony Healthcare II, Inc.Report Month/Year November 2004File the original....(select only one)

## For a Chapter 11 case filed in Portland, OR:

United States Bankruptcy Court  
1001 SW 5th Avenue, 7th floor  
Portland, OR 97204

## For a Chapter 11 case filed in Eugene, OR:

United States Bankruptcy Court  
151 West 7th Avenue, 3rd floor  
Eugene, OR 97401

CERTIFICATION OF SERVICE: The undersigned certifies that copies of this report and all supporting documents have been served upon each of the following persons in this case: U.S. Trustee; the chairperson of each official committee of creditors or equity security holders and the attorney(s) for each such committee; and the debtor and the debtor's attorney, and the trustee and the trustee's attorney, if applicable.

BY: Judith V. BenningDATE: 12/15/04TITLE: CPASend U.S. Trustee's copy to: (select only one)

## For a Chapter 11 case filed in Portland, OR:

Office of the United States Trustee  
620 SW Main Street, Suite 213  
Portland, OR 97205

## For a Chapter 11 case filed in Eugene, OR:

Office of the United States Trustee  
211 E. 7th Avenue, Suite 285  
Eugene, OR 97401

Certificate of Service

I hereby certify that on the 16th of December 2004, I served a copy of the foregoing Rule 2015 for November 2004 by mailing a copy of this document, by United States first class mail, postage prepaid, and addressed to the following:

Edward C. Hostmann  
Edward Hostmann, Inc.  
P.O. Box 454  
Lake Oswego, OR 97034  
CEO

Symphony Healthcare II, Inc.  
c/o Kenneth W. Perry  
210 12<sup>th</sup> Avenue. So., #209  
Nashville, TN 37203-4046  
Debtor

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Portland, OR 97204  
Attorney for Debtor

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Portland, OR 97204

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620 S.W. Main St.  
Suite 213  
Portland, OR 97205

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Portland, OR 97204

Second Chance Medical Staffing  
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Portland, OR 97204  
Chair

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c/o Robert Owen, Asst. Controller  
6600 S.W. Hampton Street  
Portland, OR 97223

Health Care Services, LLC  
c/o Russell Johnson, G.M.  
12728 S.E. Stark Street  
Portland, OR 97233

Liberty Northwest Insurance Corporation  
c/o Barbara Davis, Credit Manager  
650 N.E. Holladay Street  
Portland, OR 97232

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c/o Lisa Karpf  
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Creditor

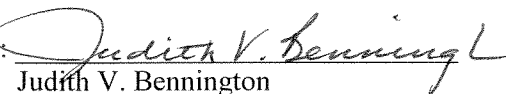
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Portland, OR 97204-2690  
Attorney for Petitioning Creditors

Quest Diagnostics Laboratories, Inc.  
C/o Craig P. Bronstein  
Lanak & Hanna, P.C.  
400 N. Tustin Avenue, Ste 120  
Santa Ana, CA 92705-3815

Dated this 16th day of December 2004

Reinhardt, Henderson & Co., P.C.

By:   
Judith V. Bennington